



SEP-14-2009 04:07 PM Cantor Colburn LLP 860-286-0115

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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23413 7590 06/17/2009

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Diane Briggs

(Depositor's name)

Diane Briggs

(Signature)

September 14, 2009

(Date)

09/15/2009 EAREGAY2 00000029 10539759

01 FC:2501 755.00 DA

02 FC:1504 300.00 DA

03 FC:8001 15.00 DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/539,759

03/10/2006

Kjell Undheim

HED-0010

5906

TITLE OF INVENTION: 10-SUBSTITUTED MACROLIDE ANTIBIOTICS

DEH003905

09/15/2009 EAREGAY2 00000029 061130 10539759

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE DUE	DATE DUE
nonprovisional	NO YES	\$1510 755	\$300	01 FC:2501 755.00 DA 02 FC:1504 300.00 DA 03 FC:8001 15.00 DA	01510 755 DA	09/17/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
PESELEV, ELLI	1623	514-029000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Name is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

C10 Pharma AS

Norway

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies five (5)

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1130 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Sean F. Sullivan*Date September 14, 2009

Typed or printed name

Sean F. Sullivan

Registration No. 38,328

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